

PLACE OF BIRTH

1. County of Hila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Pearl Turley (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Mch. 23-1925
 Month Day Year

8. FATHER
 Full name Ivan Turley
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz
 10. Color or race Cauc.
 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Guarez, Chih.
 (State or country) Mex.

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Maud Brady
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Ariz.
 16. Color or race Cauc.
 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Shawlow,
 (State or country) Arizona.

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 2 A. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown M.D. (Physician or midwife).
 Address Miami, Ariz.

Given name added from a supplemental report.

Month, day, year

Filed April 5, 1925 Alison D. Branton
 Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

738 - 323 - 428

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

ie of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children of birth stated.